Child Care Immunization Checklist



(Optional use – not an official record)

| Child's Name: | | | Date of Birth:/ | | | |
|---|-------------|-------------|--------------------|---------------|---|--|
| Date of Enrollment:/ | | | Age at Enrollment: | | | |
| Immunizations: enter date given for doses given. | en or attac | h copy of s | hot record a | ind place a d | check mark ($$) in the box | |
| Immunizations | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Exemptions √ to specify type √ when exemption form is completed | |
| DTaP | | | | | Religious Philosophic Form Completed | |
| Нер В | | | | | MedicalReligiousPhilosophic Form Completed | |
| Polio | | | | | MedicalReligiousPhilosophic Form Completed | |
| Hib | | | | | MedicalReligiousPhilosophic Form Completed | |
| PCV | | | | | MedicalReligiousPhilosophic Form Completed | |
| MMR | | | | | MedicalReligiousPhilosophicForm Completed | |
| Varicella or Date of Disease | | | | | MedicalReligiousPhilosophicForm Completed | |

| Age When Enrolling: | Immunizations (shots) Required: |
|---------------------|--|
| 2 – 3 months | 1 each of DTaP, Hep B, polio, Hib, PCV |
| 4 – 5 months | 2 each of DTaP, Hep B, polio, Hib, PCV |
| 6 - 14 months | 3 each of DTaP, Hep B, polio, Hib, PCV |
| 15 -17 months | 3 each of DTaP, Hep B, polio 1 each of MMR, varicella 1-4 doses of Hib and PCV |
| 18 months – 4 years | 3 Polio, 3 Hep B, 4 DTaP 1 MMR, varicella 1-4 doses of Hib and PCV |

Information About Shots:

DTaP = Diphtheria, Tetanus, and Pertussis

Hep B = Hepatitis B vaccine, also written as HBV

Polio = Inactivated Poliovirus

Hib = Haemophilus influenzae type B

PCV = Pneumococcal

MMR = Measles, Mumps, Rubella

Varicella = Chickenpox

9/2013